1. PLACE OF DEATH County April 1. Primary Registration District No. St. Ward. (If unmedident, give city or town and State) Length of reddence in city or town where death occurred yre. Mos. Bowling in U.S., if I directly in the primary Registration District No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX A COLOR OR RACE S. SHRILL MARNEL WIDOWID OR DISTRICT OF DEATH II. DATE OF DEATH (MONTH, DAY, AND YEAR) Length of States of Long And States of Linguistic WIDOWID OR DISTRICT OF DEATH II. DATE OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Long And States of Linguistic WIDOWID OR DISTRICT OR TOWN STATES OF DEATH II. DATE OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Long And States of Linguistic WIDOWID OR DISTRICT OR TOWN STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DISTRICT OR TOWN STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DISTRICT OR TOWN STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DEATH AND STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DEATH AND STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DEATH AND STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DEATH AND STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DEATH AND STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Linguistic WIDOWID OR DEATH AND STATES OF DEATH (MONTH, DAY, AND YEAR) Longton Or States of Longton Or Death Is said to Longton Or Death Is	FEB ± 5 1937' BUREAU OF V	BOARD OF HEALTH /ITAL STATISTICS ATE OF DEATH Do not use this space.
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Township	Carlain	// / /
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St. Ward Ward William plane of abody Length of residence in city or town where death occurred yrs. mos. ds. How long is U. S., if of foreign birth? yrs. U. S., if of yrs. U. S., if of foreign birth? yrs. U. S., if of yrs.	14.	. Ward)
Length of residence in the residence i	2. FULL NAME THURSEL Showing	
Deep Personal and Statistical Particulars Personal and Statistical Particulars		
3. SEX 4. COLOR OR RACE Divergen (write the word) What words 1. DATE OF DEATH (MONTH, DAY, AND YEAR) 1. DATE OF DE		
Divorcid (curtie the world) 3A. IF MARRETD, WIDOWED, OR, DIVORCED (OR) WIFE OF A GE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as spinner for make an experimental society of the companion of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SA. IF MARRIED, WIDOWED, OB, DIVORCED HUNGSHAND OF HUNGSH	Divorced (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) for / . 19.37
HUSBAND OF GOR WHE OF GOR WHE OF GOR WHE OF GOR WHE OF STORY 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) PROPERTY OF STORY 7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. The principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as spinners for min. The principal cause of death and related causes of importance were as follows: 8. Trade, profession, or particular sawyer, bookkeeper, etc. 9. Industry or business in which saw mill, bank, set. 10. Date deceased last worked at this occupation. 11. Total time (years) spent in this pent in this occupation. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME (MAIDEN NAME (MAIDEN NAME (MAIDENS)) 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME (MAIDEN NAME (MAIDENS)) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) 19. UNDERTAKER AS CLEAR ALLO (ADDRESS) 10. FILED ALLO (MAIDEN ALLO) 20. FILED ALLO (MAIDEN ALLO) 21. MUST ADDRESS (Signed) 22. Was disease or injury in any way related to occupation of deceased? It is o, specify (Address) (Address) 23. Take the sate of death and related causes of importance were as follows: 19. Undertaken and the sate of death and related causes of importance were as follows: 19. Undertaken and the sate of death and related causes of importance were as follows: 19. Undertaken and the sate of death and related causes of importance were as follows: 19. Where did injury occurred in industry, in home, or in public place. 19. Where did injury occurred in industry, in home, or in public place. 19. Undertaken and the sate of death and related causes of importance were as follows: 19. What test confirmed diagnosis? 19. What test		22. I HEREBY CERTIFY, That I attended deceased from
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7. AGE YEARS MONTHS DAYS IT LESS than 1 day,	(OR) WIFE OF AT ROTA ALWAYER	I last saw h alive on
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